

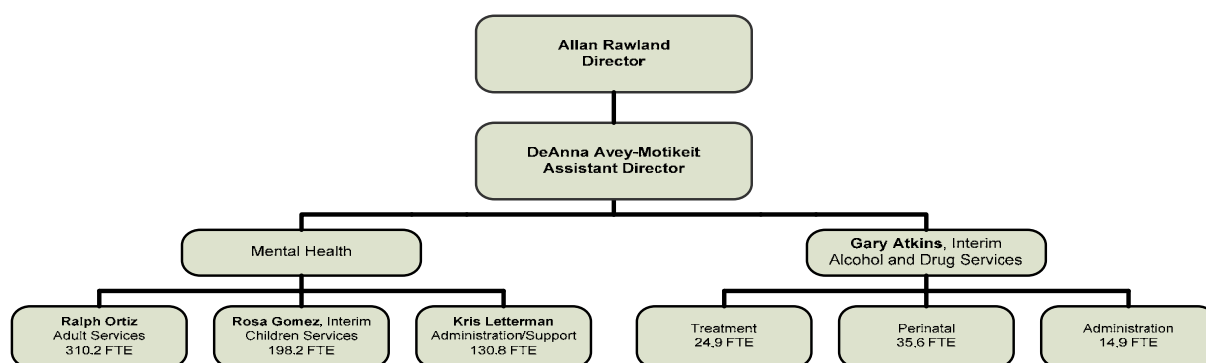
## BEHAVIORAL HEALTH

### Allan Rawland

#### I. MISSION STATEMENT

The Department of Behavioral Health (DBH) will help individuals living with the problems of mental illness and substance abuse to find solutions to challenges they face so that they may function well within their families and the community. The DBH staff will be sensitive to and respectful of all clients, their families, culture and languages. The DBH will use the taxpayers' money wisely to meet its goals while following all governmental guidelines and requirements. The DBH will provide a pleasant workplace for its staff members so that they may be creative and effective in their jobs. The DBH will provide a pleasant environment for clients in which to receive services.

#### II. ORGANIZATIONAL CHART



#### III. DESCRIPTION OF MAJOR SERVICES

##### Mental Health

The DBH is responsible for providing mental health services to county residents who are either unable to afford treatment or do not live in proximity to private services. Treatment is provided to all age groups, with primary emphasis placed on treating children, families and chronically mentally ill adults (in that priority). Services are delivered throughout the county via a network of department-operated clinics, community based contract providers (residential and psychiatric skilled nursing facilities and acute hospitals), public schools, and other community-based settings. Services include: information and referrals, community outreach, client self-help and support groups, a variety of children's programs, mentally ill homeless program, employment services, case management, crisis and transitional residential assistance, augmented board and care placements, conservatorship services, supportive housing services and client transportation assistance. The department also operates as a training setting by administering various internship programs and offering continuing education for licensed department and contractor staff.

Mental health services are principally funded by realignment funds generated from state sales tax and vehicle license fees (approximately 48%) and state & federal revenues (46%). The remaining 6 percent of revenue sources are insurance/patient fees, reimbursements, other miscellaneous revenue, and local cost. The local cost of \$1,842,753 represents the required realignment revenue maintenance of effort (MOE).

##### Alcohol and Drug Services

The DBH Alcohol and Drug Services program consists of comprehensive substance abuse prevention and treatment programs to county residents. Services are provided by 6 county operated clinics and approximately 30 contractors. The major components include outpatient, residential, prevention, methadone, and case management services. Annually, approximately 12,500 clients are served and over 80,000 hours of prevention services are performed.

Alcohol and Drug services are primarily funded by federal block grant and state revenues (62%). The remaining sources of revenue are court fines for Driving Under the Influence (DUI) offenses, fees for services,



and reimbursements provided by Human Services System (HSS) CalWORKs program and the Proposition 36 (Prop. 36) – Substance Abuse and Crime Prevention Act program. In addition, the county must fund the required maintenance of effort (MOE) for the block grant and state funds. The department's local cost of \$149,458 finances the required MOE.

#### IV. 2005-06 ACCOMPLISHMENTS

##### Fiscal

- Developed better county budget process (team approach, better projection methodology, improved documentation).
- Developed better revenue tracking and projections.
- Created monthly budget-to-actual monitoring, staffing, and contract payment reports.
- Eliminated redundant data entry into separate database for financial transactions.
- Added staff to cross-train on critical functions (cost reports, MediCal revenue).
- Added supervision to Fiscal unit to streamline A/P function and cross-train.
- Dedicated staff time to reviewing and evaluating ADS fiscal functions for possible automation or streamlining.

##### Contracts/Property Management/Business Office

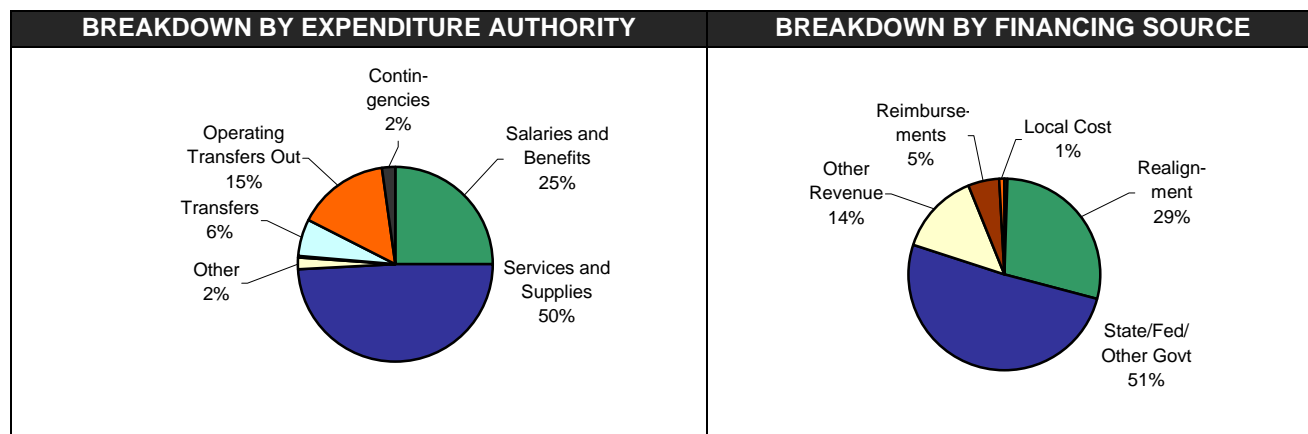
- Improved RFP evaluation process.
- Implemented bi-weekly meetings to review & improve contract language.
- Streamlined some processes in Business Office.
- Implemented regular meetings between Business Office and clinic clerical staff to improve communication and processes.
- Added staff and cross-trained in contracts unit to improve turnaround time.
- Streamlined & improved purchasing process.
- Improved administration procedures of copiers/fax machines to allow more effective inventory and cost control of the equipment being issued to various units/clinics.
- Initiated move of staff out of Gilbert St. complex to decent housing.
- Expanded Property Unit scope of work and redefined responsibilities of the staff to include more appropriate job duties.
- Established a long-range contracts processing schedule.
- Implemented one-year contracts instead of three years.
- Implemented an electronic RFA procedure to accelerate the processing of contracts and BOS related documents.

#### V. 2006-07 SUMMARY OF BUDGET UNITS

	2006-07				
	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
Behavioral Health	164,822,242	162,979,489	1,842,753		644.2
Alcohol and Drug Services	19,782,871	19,633,413	149,458		76.4
Mental Health Services Act	28,786,612	27,900,880		885,732	-
Driving Under the Influence Programs	312,689	90,000		222,689	-
State Block Grant Carryover Program	5,268,065	1,895,401		3,372,664	-
Court Alcohol and Drug Program	1,127,538	415,000		712,538	-
Proposition 36	6,202,680	6,099,773		102,907	-
TOTAL	226,302,697	219,013,956	1,992,211	5,296,530	720.6



## VI. 2006-07 BUDGET



## VII. GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

### GOAL 1: INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR INDIVIDUALS THAT ARE UNSERVED OR WHO ARE RECEIVING A LIMITED LEVEL OF SERVICES.

*Objective A: Continue to increase the development of community based behavioral health care and treatment programs that serve as options to institutionalization or hospitalization, such as emergency shelter care beds, crisis stabilization and urgent care programs, dedicated assertive case management teams for high user clients, residential and housing options, transitional and after-care support services, children's and adolescent crisis response services, and wraparound services for youth and their families.*

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
1A. Percentage decrease of admissions and bed days used in an institutional setting (7,517 admissions and 68,128 bed days in 2005-06).	N/A	10% decrease	6,636 admissions (11.7% decrease) 63,596 bed days (6.7% decrease)	10 % decrease

#### Status

Received State approval for MHSA funding and Community Services & Supports 3-year plan. Currently developing requests for proposals (RFPs) for wraparound expansion, transitional-age youth one-stop centers, forensic assertive community treatment, & crisis walk-in centers Implemented Triage Diversion team at ARMC, thereby reducing hospitalizations. Recruiting and hiring to staff new MHSA-funded programs. Completed facility needs assessment and in process of implementing staff moves and developing Capital Improvement Project (CIPs) requests for additional space. Developing crisis residential housing to further provide for alternatives to hospitalizations. Expanding children's crisis response team countywide to provide crisis response 24/7.

### GOAL 2: INCREASE CUSTOMER SERVICE EDUCATION FOR ALL COUNTY AND CONTRACT STAFF THAT PROMOTES THE MISSION OF THE COUNTY AND THE DEPARTMENT.

*Objective A: Continue to implement ongoing customer service education.*



MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
2A. Percentage of employees whom successfully complete the training (customer service) program.	N/A	25% of the county and contract staff	100% of county staff 25% of contractors	100% of contractors

#### **Status**

Department employees are attending county customer service training throughout 2006-07. Customer service emphasized on employee evaluations. Developing curriculum for customer service training for contractors. Provided 12 cultural competence-training courses attended by 450 DBH and contract staff.

### **GOAL 3: INCREASE ACCESS TO COMMUNITY BEHAVIORAL HEALTH SERVICES FOR ADOLESCENTS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUVENILE JUSTICE SYSTEM.**

*Objective A: Continue to implement programs and services funded by the Mental Health Services Act, and continue to develop mental health services to the juvenile hall population mandated by the John Doe lawsuit.*

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
3A. Percentage of adolescents with mental illness transitioning from Juvenile Hall receiving "wraparound" behavioral health services and supports in the community (600 eligible juveniles and their families).	N/A	25%	12%	20%

#### **Status**

- In process of implementing Juvenile Reintegration plan for each minor released from Juvenile Hall.
- Creating and implementing a needs assessment to identify the "Referral Needs" of the minor.
- Providing referrals and assisting minors transitioning to the community which includes connection to community mental health clinic or One Stop Transitional Age Youth (TAY) Center.
- Collaborated with Probation Department to prepare proposal for Mentally Ill Offender Crime Reduction (MIOCR) grant to expand services through juvenile mental health court.

### **GOAL 4: INCREASE CULTURAL COMPETENCY TRAINING FOR ALL COUNTY AND CONTRACT STAFF THAT PROMOTES THE MISSION OF THE COUNTY AND THE DEPARTMENT.**

*Objective A: Continue to implement an educational curriculum that embeds the required competencies to provide effective "customer focused services" to diverse populations.*

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
4A. Number of departmental employees certified to train department employees and contract providers in the California Brief Multi-Cultural Competency training.	NEW	NEW	NEW	10 employees
4A. Percentage of clinic employees and contract providers who successfully complete the California Brief Multi-Cultural Competency training.	NEW	NEW	NEW	20%
4A. Percentage increase in the penetration rate of ethnic and linguistic-specific groups.	NEW	NEW	Black/AA 9.5% Asian 8.4% Hispanic 4.2% American Indian 21.3%	Black/AA 10.5% Asian 9.2% Hispanic 4.6% American Indian 23.4%



**GOAL 5: INTEGRATE MENTAL HEALTH AND ALCOHOL & DRUG SERVICES INTO CO-LOCATED CLINICS IN ORDER TO INCREASE CLIENT ACCESS TO SERVICES AND PROVIDE BETTER CARE.**

*Objective A: Pilot the integrated services at one selected clinic in the department.*

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
5A1. Obtain required State Department of Alcohol & Drug and Medi-Cal certifications for the selected pilot clinic.	N/A	NEW	NEW	By December 2007
5A2. Provide two in-depth intensive training sessions on evidence-based practices for treating co-occurring disorders.	N/A	NEW	NEW	75% of clinic staff at integrated clinic

The department selected its first and fourth goals due to the increasing number of children, youth, and adults who are being placed in high-cost institutions or hospitals. A review of the highest-cost levels of care and their efficacy show that consumers suffering from persistent mental illness need more crisis and social support services in the community.

The increasing numbers of consumers in institutions reflect failures in a system of care that should support consumers in the community with services that are evidence-based. Approximately 20% of the department's budget is spent on inpatient care. Additionally, many consumers are sent out of county because there are not enough beds in the county to meet the demand. By providing more shelter beds, crisis response in the community, dedicated case management to high user clients, and children's crisis services, the department will build a system of care that will enable the department to provide lower-cost alternatives to hospitalization, reduce unnecessary hospital visits, and provide better services to the community.

Proposition 63, Mental Health Services Act of 2005 (MHSA), passed by the California voters in November 2004, has given San Bernardino County and the Department of Behavioral Health the opportunity to build a "system of care and treatment" that will efficiently and effectively serve all clients, especially to ensure access to behavioral health services for populations and individuals that are unserved or who are receiving a limited level of services from the present programs due to the lack of adequate funding and/or the various restrictions on the use of those funds. The particular populations who are experiencing serious mental illness and emotional disorders include adults, children, transitional-age youth, elders, and families in the community who are homeless and/or incarcerated in jails or juvenile halls, who are in out-of-home and out-of-county placements, are isolated in their homes, failing in school, or are in other institutional care facilities. These populations also include individuals and families who are from racial and ethnic communities who are not adequately served by the behavioral health system.

The second and third goals were selected because a customer-oriented, well-trained staff is fundamental to providing a system of care that is of maximum benefit to consumers. A culturally competent work force that is focused on providing excellent customer service will support the efforts of the department to support consumers in the community rather than in institutions. It is the department's view that every employee has a contribution to make and can make an impact on consumers. Staff trained in the areas of crisis management, community resources, emergency management, recovery, and resilience, and diagnostic skills, will enable the department to divert consumers from institutional care to community resources.

The fifth goal is new for 2007-08 and was selected because integration of alcohol and drug services with mental health services will provide consumers with a broad array of services in the recovery process. Co-locating services for clients with co-occurring disorders is the best practice for this challenging group of consumers. The intent of this goal is to reduce the negative impact of the co-occurring disorder on the consumer and the service system.



**VIII. 2006-07 APPROVED ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)**

The department did not have any approved policy items for 2006-07.

**IX. 2007-08 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)**

The department is not requesting any additional general fund financing for 2007-08.

**X. 2007-08 PROPOSED FEE ADJUSTMENTS**

The department is not requesting any proposed fee adjustments for 2007-08.

If there are questions about this business plan, please contact Allan Rawland, Director, at (909) 421-9340.

